

Final Contract Voucher Certificate

Contractor							
Street Address							
ity		State		Zip	Da	ate	
State Project Number	Fede	eral-Aid Projec	: Number		H	ighway Number	
Job Description (Title)							
Date Work Physically Completed			Final Amount				
I, The undersigned, having first been duly sworn, cerporformed and to the best of my knowledge no loan, and Department of Transportation nor have I rented or part of Transportation; I further certify that the attached final State of Washington for work performed and material and understand the same and that I hereby release the have, arising out of the performance of said contract, where the same are the same and that I hereby release the same and that I hereby release the same are said contract, where the same are said contract, where the same are said to the performance of said contract, where the same are said to the same are sa	tify the gratuction gratuction estimates and furning St	ity or gift in ar ased any equ nate is a true a nished under t ate of Washin	orized to ny form ipment and cor his con gton fro	o sign for the clair whatsoever has be or materials from rect statement she tract; that I have om any and all cla	been exten any emplowing all carefully e	nded to any employee of the ployee of the Department the monies due me from the examined said final estima	
			X Contra	actor Authorized Sigr	nature Req	uired	
			Type S	Signature Name			
Subscribed and sworn to before me this				day of		20	
x		Notary Put	olic in a	and for the State o	f		
esiding at							
Department , certify the attached final estimate to be based upon a neasurements, and to be true and correct.		- Ap	t atior	n Certification	on		
X Project Engineer / Project Administrator		<u>X</u>	Regiona	I Administrator, Area	a Administra	ator, or Principal Architect	
Secretary of Transportation hereby accepts the complex Secretary of Transportation/or Designee			uant to	_	of the Con	tract provisions.	
This Final Contract Voucher Certification is to be prep		by the Project		•	ninistrator	and the original	
forwarded to the Olympia Service Center for acceptan Contractors Claims, if any, must be included and the C	ice ar	nd payment.		-		-	
Original to:		•		ct Payments to:	t Administra	ator 🗖 Contractor	